

# Patient Reluctance to Share Alcohol & Drug Information With Their Physicians

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# Objectives

- To analyze willingness of patients in the Georgia BASICS SBIRT project to share screening and intervention information with their physicians
- To explore factors associated with granting permission for information to be shared

# U.S. Screening, Brief Intervention & Referral to Treatment (SBIRT) Projects

- Priority project of the Office of National Drug Control Policy
- 15 projects funded by SAMSHA
- Dissemination projects which implement SBI and Referral to Treatment in various healthcare settings

# Services Provided

- Screening
- Brief Intervention
- Brief Treatment
- Referral to Treatment

# Protocols for Screening & Intervention in GA BASICS Project

- Initial single question screening for alcohol, drugs and tobacco is done by nursing triage personnel
- Positive single question screen for alcohol or drugs triggers automatic referral to health educators
- Health educators use ASSIST to stratify patients
  - Information/education if low risk (ASSIST scores 0-3)
  - BI if moderate risk (ASSIST scores 4-19)
  - BT referral if high risk (ASSIST scores 20-26)
  - RT if very high risk (ASSIST scores 27 or more)

# Procedure for Sharing Information with Physicians

- No information is placed in the chart of patients scoring in the moderate risk range
  - Currently there are no ICD9 codes for at-risk alcohol or drug use, and these diagnoses are not well-understood outside SBIRT circles
  - SBIRT staff has concerns that other health professionals & insurance coding personnel might incorrectly assume these patients meet diagnostic criteria for abuse or dependence

# Procedure for Sharing Information with Physicians

- For patients with ASSIST scores of 20 or higher (high or very high risk), Health Education Specialists (HESs) complete a green form describing the patient's level of risk, substances of abuse, and patient's response to BI
- HES then asks the patient's permission to share this information with their physician
  - If granted, green form is placed in chart & recorded in EMR
  - If declined, green form is kept in SBIRT files



# Research Questions

- What percent of patients give permission to share substance use information with their physicians?
- What are demographic & other factors associated with patients' giving HES permission to share substance use information with their physician?
- What are patients' stated reasons for declining to share their substance use information with their physician?

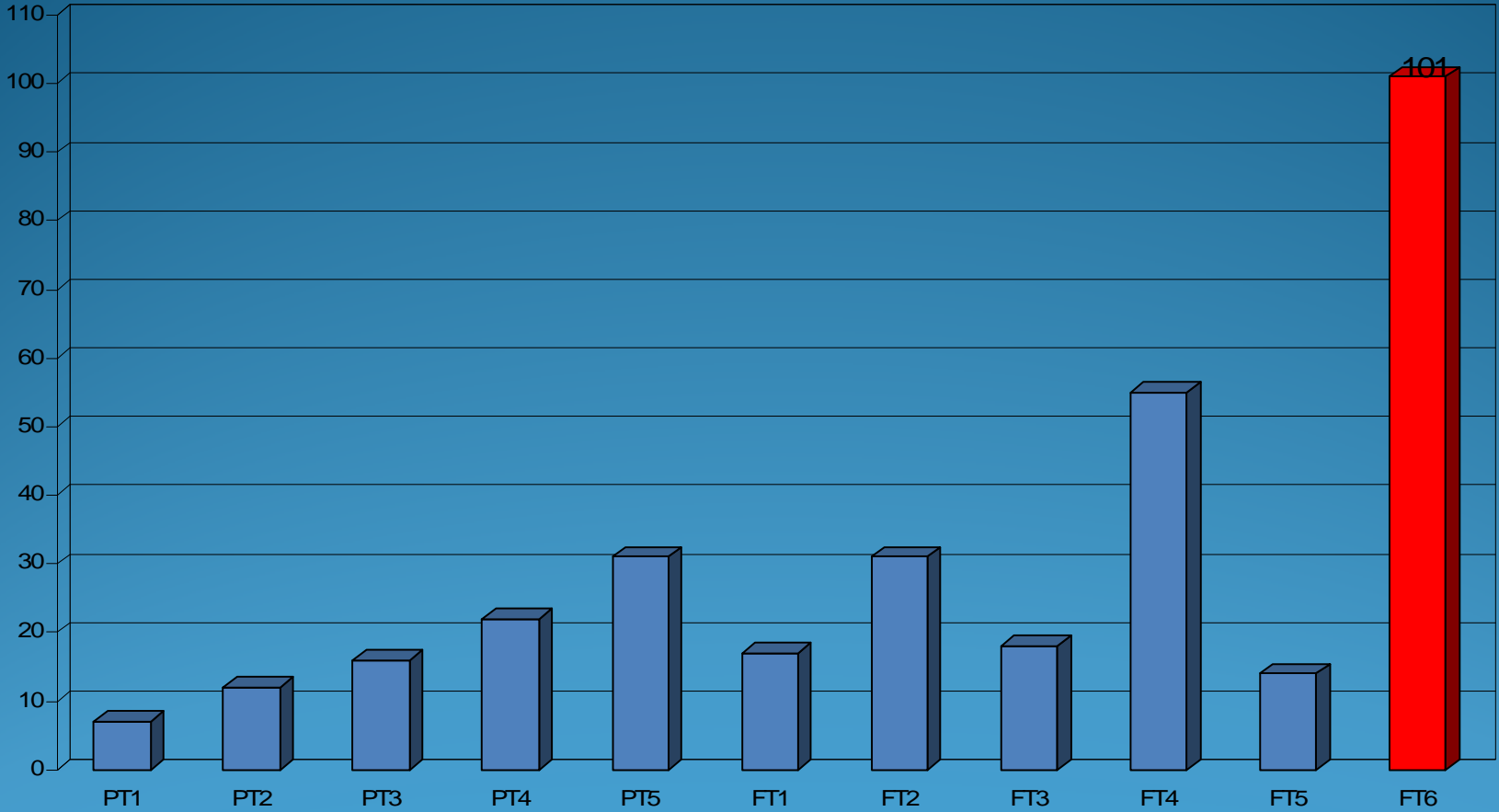
# Research Method

- Retrospective review of HES reporting forms for high risk patients
- Logistic regression to assess possible associations between granting permission and
  - Age
  - Gender
  - Race/ethnicity
  - Substance(s) of abuse
  - Length of interview
  - Interviewer
- HES's anecdotal descriptions of patients' reasons for declining

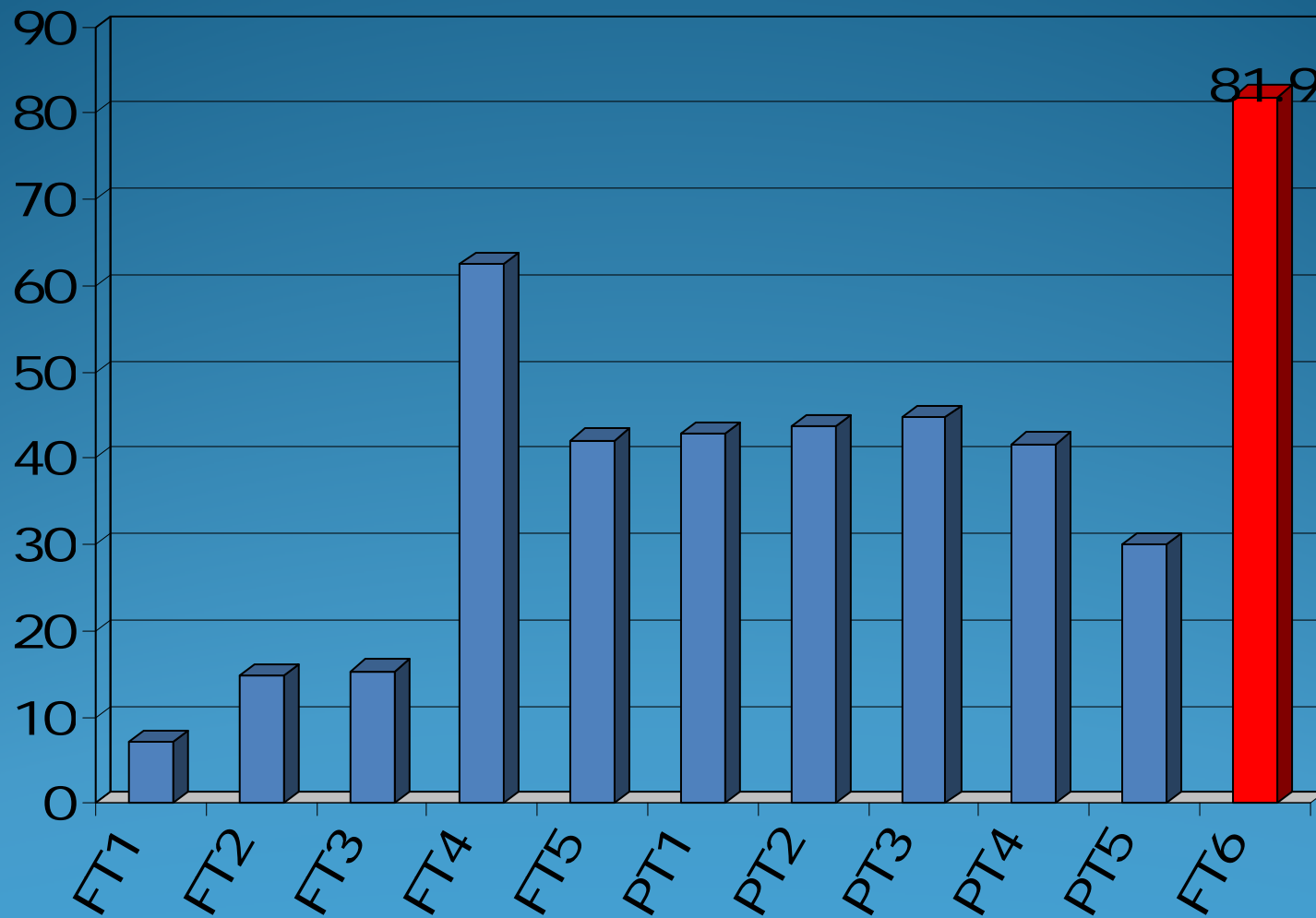
# Demographics (n=324 patients)

<b>Gender</b>			<b>Substance</b>		
- Male	238	73.7 <sup>0</sup> %	-Alcohol	108	33.3 <sup>0</sup> %
-Female	85	26.3 <sup>0</sup> %	- Illegal drug	85	26.2 <sup>0</sup> %
			- Poly substance	110	34.0 <sup>0</sup> %
<b>Race</b>			-Prescription drug	21	6.5 <sup>0</sup> %
- White	166	51.2 <sup>0</sup> %			
- Afr-Am	158	48.8 <sup>0</sup> %	<b>Minutes w/ patient</b>		31.5 mins
<b>Age</b>		41.1 years	<b>Permitted to share</b>	136	50.9 <sup>0</sup> %

# Number of High Risk Patients per specialist (total pts=324)



## Percent of Patients Giving Permission



# Logistic Regression

				95% C.I. for Odds Ratio	
	Coefficient	t	Odds Ratio	Lower	Upper
HES		7.60			
HES (1)	-1.755	2.87	.173	.05	.57
HES (2)	-1.697	2.56	.183	.05	.67
HES (3)	-1.147	1.87	.318	.10	1.06
HES (4)	-2.685	4.37	.068	.02	.23
HES (5)	-4.036	5.76	.018	.004	.07
HES (6)	-1.843	3.26	.158	.05	.48
HES (7)	-4.375	3.96	.013	.001	.11
HES (8)	-4.087	3.76	.017	.002	.14
HES (9)	-1.791	2.13	.167	.03	.87
HES (10)	-1.779	3.65	.169	.07	.44

# Logistic Regression

				95% C.I. for Odds Ratio	
	Coefficient	t	Odds Ratio	Lower	Upper
Substance (alcohol)		2.36			
Substance (illegal)	.560	1.34	1.75	.77	3.97
Substance (poly)	.606	1.53	1.83	.84	3.99
<b>Substance (Rx)</b>	<b>1.685</b>	<b>2.12</b>	<b>5.39</b>	<b>1.13</b>	<b>25.63</b>
<b>Minutes</b>	<b>.025</b>	<b>2.73</b>	<b>1.03</b>	<b>1.01</b>	<b>1.04</b>
Gender	-.070	0.19	.933	.46	1.89
Race	-.153	0.48	.858	.46	1.61
Age	-.003	0.26	.840	.97	1.02

# Results of Logistic Regression (FT 6 removed)

- Patient gender, race, and age still have no impact on likelihood of being willing to share info
- Individual HES continues to be significant factor influencing patients' willingness to share info. Three of nine HES significantly less likely than comparison to receive permission ( $t = 2.02$  to  $2.62$ ,  $OR = .08$  to  $.11$ )
- Continue to see positive relationship between number of minutes spent with patient and willingness to share info ( $t=2.32$ ,  $OR=1.02$ )
- Prescription Drug use no longer significant



# Reasons Given for Declining as Reported by HESs

- Fear of repercussion from insurance companies
- Fear of repercussion from employer
- Potential legal ramifications (patients on probation)
- Fear of losing child custody
- Fear of stigma from hospital employees
- Fear of not receiving adequate prescriptions for pain medication

# Limitations

- Retrospective rather than prospective data collection
- Many HES's reported "forgetting to ask" patients for permission at times, resulting in falsely low rates of permission
- Reported reasons for declining permission are subject to recall bias of HES's

# Conclusions

- Many patients who abuse alcohol and drugs are reluctant to have information shared with their physician & included in their medical chart
- Likelihood of giving permission to disclose this information is related to interviewer, length of interview, and substance of abuse
- Informal data indicate patients fear repercussion from insurance companies, legal authorities, child custody officials, and hospital staff

# Future Directions

- Formal prospective study with documentation of patient concerns
- Exploration of how effective interviewers address these concerns
- Efforts to enhance patient privacy and decrease punitive actions against patients who abuse alcohol and drugs



Questions or Comments?

Thanks!